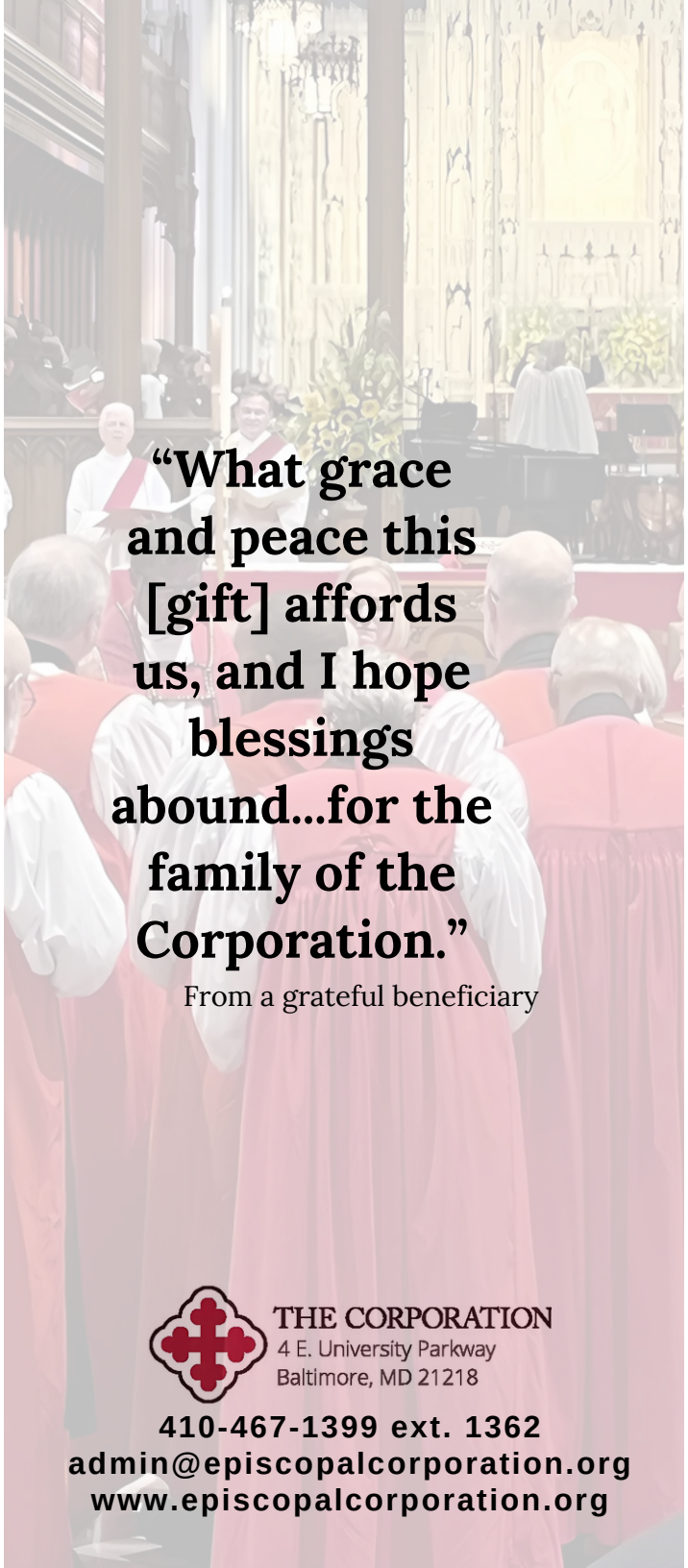
WHAT IS THE CORPORATION?

Clergy canonically resident in the dioceses of Easton, Maryland, and Washington are eligible for membership in The Corporation. For $50 a year ($750 over a term of 15 years) clergy may be assured their spouses, partners, and dependent children will be eligible for a $10,000 death benefit, a $2,064 yearly annuity, and additional financial assistance (gratuities), calculated to keep survivors at a decent standard of living and able to meet emergency costs.

Members without a beneficiary can name a next of kin to receive the death benefit. They also receive a death benefit if their spouse predeceases them.

Members are vested after five years, meaning if they move canonical residence, they may continue to pay the annual fee for the total 15 years, or pay it all at once. Vesting is not necessary to receive benefits.

To apply: fill out the application and information form, email it or post it to the contact information on the back of this brochure. Payment can be made through our website or by check.



"What grace and peace this [gift] affords us, and I hope blessings abound...for the family of the Corporation."

From a grateful beneficiary

THE CORPORATION
4 E. University Parkway
Baltimore, MD 21218

410-467-1399 ext. 1362
admin@episcopalcorporation.org
www.episcopalcorporation.org

THE CORPORATION

for the Relief of the Widows and Children of the Clergy of the Protestant Episcopal Church in Maryland

Membership Application & Beneficiary Information

Member Information & Application

Name *(first, middle, maiden, last)*

date of birth social security # gender

place of birth (*city, state, country*)

seminary dates attended

date of ordination diocese

current diocese church

address (*street, city, state, zip*)

home phone cell phone

email address

Emergency Contact Name/Phone:
(if different than beneficiary)

Beneficiary / Next of Kin Information

Name *(first, middle, maiden, last)*

If married, must be spouse. If not spouse, describe relationship:

date of birth social security # (*required by IRS*)

date of marriage gender

address (*street, city, state, zip*)

home phone cell phone

email address

Minor children or individuals at this time economically dependent upon you:

Name *(first, middle, maiden, last)*

date of birth social security # (*required by IRS*)

Other Information

If you wish to designate someone as a *secondary* beneficiary (that is, an adult child financially dependent upon you for reasons of physical, mental, or emotional disability) please describe the circumstances which may require lifelong assistance from The Corporation: